

Erysipelas following hypodermic injection.

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in the other. The French include both these affections under one name—"diphtherite"—and it certainly seems to me much more philosophical than to have two names for cases which differ more in degree than in anything else, the diagnosis of which is so often very uncertain. The third case reported is quite interesting, as the child was very low when operated on, and it was the opinion of the physicians and surgeons of the Hospital, many of whom were present accidentally, that the case would be fatal; in fact, artificial respiration was necessary: this was done by Dr. Buckingham, who had seen the patient before her entrance to the Hospital. The long persistence of the hoarseness and the dusky hue of the countenance in the first and third case is also worthy attention.

CASE OF PHLEGMONOUS ERYSIPELAS, FOLLOWING THE HYPO-
DERMIC INJECTION OF A SOLUTION OF SULPHATE
OF MORPHIA.

By J. W. MERRIAM, M.D.

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A FEW weeks ago, while suffering from an attack of lumbago, resulting from exposure to a draught of cold air on board steamer, I took an hypodermic injection of a solution containing half a grain of sulphate of morphia. The injection was made over the *supinator longus* of the left arm. Care was taken to avoid puncturing a vein, and not even a drop of blood followed on withdrawing the syringe. The next morning the arm was somewhat sore to the touch, and the neighborhood of the wound a little more red than usual, but no importance was attached to these symptoms, as they had frequently occurred before in my own person, and had disappeared without any serious results. I did not look at the arm again till the following day (about forty-eight hours after the injection), when I noticed around the puncture an ecchymosis of the size of a quarter of a dollar, sharply defined, of a bright red color, which did not disappear on pressure. The forearm was considerably swollen and inflamed, and began to assume an erysipelatosus aspect. It was kept painted with tincture of iodine for the next twenty-four hours, until on the following day, Dr. N. F. Martin, the Post Surgeon at Fort Mojave, discovered the presence of matter, and substituted a poultice for the iodine. In the course of a couple of days a free opening was made, the matter evacuated, and the poulticing continued.

The whole back of the forearm was now exceedingly tender, and the skin of a bright red color, tense and shining. A wash of acetate of lead and opium removed all the unfavorable symptoms; the wound was dressed with Turner's cerate, and the case rapidly pro-

gressed to a favorable result. Tincture of the chloride of iron was taken internally throughout the attack.

I have thought it worth while to report this case, as it illustrates the fact that erysipelas may follow the most simple operation, even when performed upon a person whose general health is robust, while more important operations, under apparently the same circumstances, may not be followed by any such consequences.

I do not know why erysipelas should have occurred in my case, but I should not be deterred, in consequence of it, from resorting to similar treatment again through fear of a like result.

In April last, I submitted to a painful operation, skilfully performed by Dr. Coolidge, of Boston, after which, during a period of seven days, fifteen different hypodermic injections of Majendie's solution were given me, with no more ill result than a slight ecchymosis of a diffused character, which passed through the usual changes of color noticed after a bruise, and which never even threatened erysipelas.

Fort Mojave, Arizona Territory, Dec. 1, 1866.

ATROPINE AND MERCURY IN ACUTE IRITIS.

By T. PRIDGIN TEALE, Jr., M.A., Surgeon to the General Infirmary at Leeds.

DURING the last two years and a half I have recorded in a tabular form the cases of acute iritis which have come under my care, in order to test the value of certain views of treatment which I had arrived at from the observation of such cases previously to this period. The exactness of the results is so marked, and the sequence of events so definite, that I feel justified in relating the cases to the profession, and in deducing from them certain principles of treatment, which, if not new, may at any rate not be generally known or acted upon in medical practice.

In speaking of iritis, in this paper I exclude from consideration all cases of traumatic origin, all those which are secondary, i. e., caused by extensive adhesions of the iris to the capsule of the lens left by previous attacks, all subacute forms travelling forward to the iris from the deeper structures, and all cases occurring in children. These are excluded in order to simplify the inquiry, and restrict it to those acute forms, generally syphilitic, which occur in the previously healthy eye of the adult, and which, if neglected, rapidly endanger vision.

For treating such cases many remedies have been and are still employed—venesection, leeches, blisters, opium, purging, belladonna, turpentine and mercury. Some surgeons use many of these in combination, others depend upon some single drug, others denounce particular drugs as injurious or useless. Some claim opium as a cure for all cases, with some belladonna is omnipotent, with others